

To: DTA

Date: _____

From: _____

SSN: _____

My DTA Office is: _____

I can be reached at (telephone #): _____

I need help getting the verification DTA asked for. The verification I need help with is

The reason is: (check all that apply)

- I tried to get it but the person or place didn't give it to me.
- I don't understand what is needed.
- I don't understand how to get what DTA is asking for.
- DTA is asking for something that I think is incorrect.
- I am disabled and need help to get the verification.
- I want DTA to contact the person or place listed here to get the information needed. By signing below, I give DTA permission to get information necessary for my case:

Name of person or company: _____

Phone number and/or address: _____

Signature

(Optional)

I give permission to DTA to talk to the following person or agency about my DTA benefits:

Signature